

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	09/869395				
5-20-04 CLAIMS											
AS FILED.		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1						52					
2						53					
3						54					
4						55					
5						56					
6						57					
7						58					
8						59					
9						60					
10						61					
11						62					
12						63					
13		1				64					
14		1				65					
15		1				66					
16		1				67					
17		1				68					
18		1				69					
19		1				70					
20		1				71					
21		1				72					
22		1				73					
23		1				74					
24		1			6	75					
25		1			1	76					
26		1			1	77					
27		1			1	78					
28		1			1	79					
29		1			1	80					
30		1			1	81					
31		1			1	82					
32		1			1	83					
33		1			1	84					
34		1			1	85					
35		1			1	86					
36		1			1	87					
37		1			1	88					
38		1			1	89					
39		1			1	90					
40		1			1	91					
41		1			1	92					
42		1			1	93					
43		1			1	94					
44		1			1	95					
45		1			1	96					
46		1			1	97					
47		1			1	98					
48		1			1	99					
49		1			1	100					
TOTAL IND.		1	1	1	1	TOTAL IND.					
TOTAL DEP.		1	1	1	1	TOTAL DEP.					
TOTAL CLAIMS		1	1	1	1	TOTAL CLAIMS					

J-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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